

DYNAMIC LIFE COUNSELING
ROBIN STUART, MARRIAGE AND FAMILY THERAPIST
TELEHEALTH REMOTE SESSIONS AVAILABLE
(707) 331-6284 (CELL PHONE—NOT HIPPA COMPLIANT)
ROBIN.STUART@COMCAST.NET
1254 PARADISE RD., FERNDALE, WA 98248

Thank you for reaching out.

Seeking therapy is often a very courageous choice. I am honored that you have put your trust in me for this important time that we will spend together. I invite you to always remember that this time is for you. If you are displeased and frustrated with this process or my services at any time, please discuss this openly with me and I will try to adapt my approach, or we will review some other options that may better meet your needs.

Please be advised that therapy may bring up unpleasant and even painful emotions. It is the nature of the experience that it often gets worse before it gets better. By contracting to work with me you are making a decision to embark on an unforeseeable path and are accepting personal liability for the outcome and emotional consequences. In therapy, like life, there are no guarantees; although I do bring many years of experience to this journey and have confidence that I may be of service to you. You will be asked to assess this process with me, usually around our 8th session together, to insure an experience of quality control in our work.

For Private Pay Clients:

I understand that paying out-of-pocket for therapy services can be expensive. It often requires a forfeiting of other desirable purchases. Let me help you decide how to economize during this journey, should economics become an issue for you. I offer payment plans for qualified clients and will help you reduce the number of sessions you are having as soon as that seems an appropriate recommendation. For example, you could attend sessions as needed, instead of weekly, *AFTER THE FIRST EIGHT TO TWELVE SESSIONS*.

For Insurance Clients:

I will be happy to comply with the use of your therapy benefits. In most circumstances, if you are using insurance, I will provide you with a Superbill at the beginning (week two) of each calendar month, which will outline the dates seen the prior month, along with a DSM Diagnosis and CPT Codes. Please be aware that you are forfeiting some of your confidential rights and freedoms, as outlined under the HIPPA handout provided you with this letter.

DESPAIR & SUICIDAL FEELINGS:

If you are feeling despair and suicidal please contact me immediately, stating that there is an emergency on my answering machine, and I will call you back immediately after I receive the message. Also, please call The National Suicidal Hotline: 1-800-784-2433. If you are in danger, call 911 or Sonoma County Psych Emergency Services. Their number is: 707-576-8181 or 800-746-8181.

TELEHEALTH AND PHONE SESSIONS: I use a HIPPA compliant Telehealth site for remote sessions, however, it will lose bandwidth if you have poor connectivity. It is best you find a location where you can be with good connections. Otherwise, we might revert to FaceTime however this app is not HIPPA-compliant, and so the authorization to use this platform requires your consent to waive your rights to confidentiality, in the event the application is hacked. You are also free to enjoy a phone session, without visual benefits. These are conducted on my cell phone, which is also not HIPPA-compliant and runs the same risks, requiring the same authorizations.

My resume is available by request.

FAQ

What is therapy?

What are your areas of experience?

Are all our conversations confidential?

What are your fees and cancellation policy?

Do you make home visits, or have sessions by phone or Skype?

What can I expect from marriage counseling?

What is premarital counseling?

What is therapy?

Therapy is a process, available for Individuals, Couples or Families, designed to explore personal and relational difficulties. Therapy or counseling is a commitment between a therapist and a client, who meet together for the purpose of resolving the distress in the client's life. Primarily, the quality of the relationship between the therapist and client cannot be emphasized enough. Effective therapy requires a strong connection of faith and trust. The emphasis of their sessions is on empowering the client to pursue personal self-discovery and mastery of their own life challenges, be these challenges external or internalized.

Therapy also includes a great deal of education which runs the gamut from communication and social skills to conflict resolution, from parenting education to addiction and/or obsession recovery, and so much more. Therapy usually takes place through once or twice weekly personal, couple, or family sessions, which can occur at your home, a facility where you work or live, or in my office. Sessions may involve in home family consultation or observations, group meetings, weekend retreats, crisis resolution or "emergency sessions" and an occasional phone consultation. In summary, therapy is a high level means to developing high functioning skill sets; skills that can enable you to create wanted interpersonal and internal changes that will restore strength, resilience, hope and healthy functioning to your life and relationships.

During our initial session we will strive to assess the immediate concerns you are facing and the goals you have as the outcome of our therapy together. I will also try to capture a detailed understanding of the participants in your life and how they shape or affect your current circumstances.

What are your areas of experience?

Personally speaking, I am aligned with several various models of counseling, foremost of these being Family Systems work, Experiential/Behavioral focused therapy, and Transpersonal Counseling. I am also trained in Cognitive Therapy and Depression treatment. I have collected many thousands of hours as a therapist in general, and also in these particular areas: blended families, single parents, all areas related to sexual trauma, abuse, and severe family dysfunction; marital and relationship discord; alcohol/drug/relationship/sexual addictions; long-term recovery/life skills; sexual orientation and coming out; adolescent crisis; economic and business crisis or prolonged stress. I am confident working with all types of family structures and sexual orientations.

Most of my clients work with me from 6 months to 2 years, (what is considered "Brief" counseling,) and our work is focused on specific, identifiable areas for personal growth and problem management. My job is to help you and/or your "family" relationships become highly satisfying and functioning. I see myself as a coach and teacher, (not particularly known for "coddling" my clients,) and as such, will actively work with you to make real changes quickly.

Are all of our conversations confidential?

Yes, absolutely all the information shared in a counseling session is held in the highest confidence if you are of the required age to represent yourself and make the decision to seek treatment. Therapists are legally and ethically bound to maintain confidentiality unless the client states they have a specific plan to harm themselves or others. If you use insurance to pay for your sessions then several details of your case will be released to them—and they are obligated to also hold this information as confidential. (BE SURE TO GET THE HIPPA FORM IF YOU ARE USING INSURANCE.) Clients may have some concerns about confidentiality when assessing insurance funds for therapy, especially if the counseling is work related. However, you do pay a premium for these benefits and the insurance companies are ethically and legally bound to keep information confidential; you have the right to use these benefits should you decide. If you are participating in Family Therapy Sessions, you will be asked to wave some confidentiality as per the Family Release of Information Form.

Do you make home visits, or do sessions by Skype or phone?

Since the onset of Covid-19, and then my relocation to Washington State, home and office visits are not available. When I do interventions, I will come to you and appropriate fees are applied, estimated in advance.

In many cases a phone session have proven valuable: when the weather turns bad, the baby sitter cancels, or scheduling becomes difficult. They are also available in the case of an emergency or family crisis or during the transition of moving to a new location until a new therapist can be secured. Session time and fees remain the same. I also have Skype.

What is marriage/couple's counseling?

Couples know when their relationship is in trouble. They report poor communication, a decrease in sexual intimacy, an increase in tension, defensiveness, criticism and feelings of disappointment and anger at their partner. Either there is an increase in fighting between the couple or one or both shut down and the distress cycle intensifies. In addition, there may be complicating factors of infidelity, domestic violence, financial crisis, trauma, addictions, in-law interference, parenting disagreements, conflict stemming from gender differences and marital/partnership role expectations. "Marital counseling" does not require you to be married to seek help. Therapists are trained in helping couples and families navigate difficult relational challenges. First and foremost, we'll determine how children in your household are coping with the relationship conflict and what their immediate needs are; children can develop stress from living with couples in conflict. Each couple is evaluated to determine the exact nature of their conflict. Each session couples are given the opportunity to design new ways to restore security, support and encouragement in a nurturing relationship.

What is premarital counseling?

"If I get married, how can I predict that it will last?" Clinicians are studying the factors that point towards predicting future marital satisfaction. These may include:

1. Individual traits: an individual's personality traits and emotional health, as well as values, attitudes, and beliefs. We'll also look for personal resolution regarding prior circumstances, such as addiction or childhood abuse or neglect.
2. Couple traits: couple communication and conflict resolution skills, the degree of acquaintance--how long and how well the couple has known each other, similarity of values and goals, and lifestyle match.
3. Personal and relationship contexts: family background characteristics such as previous marriages, existing children, the quality of an individual's parents' marriage, family relationship quality, age at marriage, and parents' and friends' approval of the relationship.

Premarital counseling usually involves spending 4-8 sessions clarifying the issues arising between you, setting goals for improving the foundations of your relationship, and discussing other important topics related to marriage such as relationship equity, finances, roles, communications skills, extended family involvement, parenting styles, religion, and personal philosophy, and having and raising children. Premarital counseling will help the couple improve their communication skills and it also establishes in their relationship a positive attitude about seeking help if marriage problems arise in the future.

What are your fees and cancelation policy?

MY COUNSELING FEE: My standard fee rate is \$200-\$235 per 50-minute session (Sliding Scale) and \$300-\$320 per 80-minute session, (billed as 60 and 90 minutes because we are given 10 minutes for note taking,) as determined by my experience and tenure as a therapist. My fee for court related cases is \$400 per hour, with written reporting time billed at \$300 per hour. When I see two or more people at the same time, such as for couples and family counseling, I prefer to see them for 80 minutes; I find that 50 minutes is just not enough time together if we want everyone to be able to have a chance to participate. My fee for this is \$320. In my experience, the hour and a half session allows us to advance much further, much faster, saving considerable money for the clients in the long run.

If you have medical insurance that reimburses "Out-of-Network Providers", such as Blue Shield or Blue Cross, then I will try to help you to understand how to have the reimbursement check mailed directly to your home. I will provide you with a Superbill from our office with the information from me you will need to process your claim. I do not process any form of insurance claim or accept any insurance which requires me to do so.

Fees are due at the time of service, preferably before the onset of the session so it is not a distraction during our parting. You may pay by Zelle (preferred) or by Venmo using my cell phone number—707-331-6284.) I DO NOT ACCEPT CREDIT CARDS or PAYPAL. Venmo account may be verified by looking for "707-331-6284; Robin-Stuart-8". Exceptions regarding delayed payment may be made by mutual agreement. There will be a \$50 service charge on all returned checks (NSF), without exception. Please feel free to discuss your financial situation or special payment arrangements with me ahead of our scheduled appointment.

CANCELATION AGREEMENT: I have a **48 hour cancellation policy**. If you cancel less than 48 hours prior to your appointment time you will be charged a \$200 fee for a booked 50-minutes timeslot and \$300 for an 80-minute timeslot, for the missed appointment. There are only two exceptions: extreme emergency or STAY-AT-HOME illness, per my discretion. There are no fees for these types of cancellations, with early morning notice, received. **If you fail to inform me by email or text of illness prior to the morning of your appointment, (before 8:00am), the cancellation fee will apply. Insurance will not cover cancellation fees.**

My fees are payable at the time of the session or by pre-payment arrangement.

FEE SUMMARY:

Psychotherapy Counseling:	\$200-\$235 (Sliding Scale) per 50-minute session \$300-\$320 (SS) per 80-minute session \$400-\$470 per 110-minute session
Emergency/Crisis/Weekend Sessions:	\$250 per 50-minute session
Out-of-Session Communiqué, exceeding 10 minutes:	\$200 per hour, billed in 15-minute increments.
Reports, other written documents:	\$400 per hour, billed in 15-minute increments, with a \$150 minimum fee.
Payment Options:	<ul style="list-style-type: none">▪ Checks▪ Money Orders if cashable at any bank (not requiring your signature)▪ Direct Deposit Bill Pay▪ Venmo▪ Zelle

**The previous pages are for you to keep in your records.
The following pages are kept by me.
You may request a copy of them, should you desire this.**

DYNAMIC LIFE COUNSELING

ROBIN STUART, MARRIAGE AND FAMILY THERAPIST
TELEHEALTH AND SOCIAL DISTANCING YARD SESSIONS AVAILABLE
(707) 331-6284 (CELL PHONE—NOT HIPPA COMPLIANT)
ROBIN.STUART@COMCAST.NET

Notification of Practice Policies and Agreement for Treatment

RELEASE OF INFORMATION:

In general, the privacy of all communications between a client and a therapist is protected by law, and I can only release information about our work to others with your written consent. However, there are a few exceptions to this rule. If there is any possibility of harm to you or someone in your immediate care, or within your knowledge range, I am required to file a report with the appropriate state agency. These situations have rarely occurred in my practice. If such a situation occurs, I will make every effort to fully discuss it with you before taking any action.

I will release information only when one or more of these following situations occur, as I am dictated to do by mandated law:

1. You are under the age of 14, and your parents seek information necessary for them to care for you appropriately;
2. There has been instance(s) of abuse of a minor or senior, sexual, neglectful, physical, economic or emotionally traumatizing in nature;
3. You have made a threat of violence that I am mandated to report, or may result in harm to another;
4. You are assessed to be actively suicidal;
5. You have released information through signed consent or court action;
6. You are using insurance. HIPPA FORM MUST BE SIGNED.
7. If you elect to use any non-conforming, non-HIPPA-Compliant venue for sessions, you revoke your right to privacy, as protected under HIPPA laws.

I have read and understood these terms of agreement with Robin Stuart, MFT, and agree to the terms presented by Robin Stuart, MFT on her Intake Form. If using insurance, I have received the HIPPA Form.

Signature: _____

Printed Name: _____

Date Signed: _____

Signature: _____

Printed Name: _____

Date Signed: _____

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FEE AGREEMENT

1. Psychotherapy services may be submitted for insurance reimbursement or other third-party payers, but reimbursement is not guaranteed. If you are a direct pay client with insurance that covers “Out-of-Network Providers” then you may submit Superbills to your insurance carrier for direct reimbursement—(you pay therapist, and insurance carrier pays client some amount back.) Be aware that you may have a deductible before any reimbursement kicks in. Payment is made by cashier or personal checks, direct deposit bill pay, Venmo or Zelle. If the fees are not paid promptly, no further appointments will be made.
2. **Free cancellations require a full 48-hour’s notice**, to avoid being charged. Otherwise, the person who has cancelled late or missed the appointment will be charged THE FULL FEE for the allotted appointment time booked. These charges will apply to all missed or late cancelled appointments, regardless of your situation.
3. For any and all out-of-session communications, including e-mail construction or response, the charges will be prorated at ¼ hour (15 minute) increments using a billable rate of \$200 per hour per time spent. These charges are to be paid by or before the next session.
4. If you or your attorney request reports, statements or affidavits from me, there will be a separate charge of \$400.00 per hour, with a minimum charge of \$150.00, due and payable before the statement/affidavit is released or forwarded to the attorney.

My signature attached here on this document, **Psychological Counseling Fee Agreement & Schedule**, acts to acknowledge that I have read and agreed to the terms of this agreement, without condition or exception, and that I accept the fee schedule as stated, unless otherwise noted. I hereby commit to fully participate in payment for services rendered, as well to act cooperatively, ethically and respectfully during each of these sessions.

By signing below, I acknowledge that I have read and understand this agreement and will abide by these terms, without condition.

Client #1: _____
(block print name legibly above)

(signature) (Date)_____

Client #2: _____
(block print name legibly above)

(signature) (Date)_____

Please make a copy of this agreement for your records files and for your attorneys, then provide me with the **original copy** at the same time that you pay your retainer. Mail the retainer and the original to the following address. Once received, I will call each client and their attorney’s (when applicable) to schedule your initial appointments.

PERSONAL INFORMATION

DATE OF FIRST SESSION: _____

Will you be using insurance? Do you need a formal Superbill with diagnosis Provided? () Yes or () No
Whose name should I bill under? _____

Your Full Legal Name(s): _____;
_____;

Other Names You Used: _____

Email and Phone Numbers (Please identify whose # is which.)

Emails: _____

Cells: _____ Home: _____

MAY I LEAVE A DETAILED MESSAGE ON PHONE? Yes _____ No _____

Your Age & Birth Date: _____

Your Home Address: _____

CITY: _____ ZIP: _____

Second Party's Full Legal Name: _____

Other Names You Use: _____

Phone Numbers

Email: _____

Home: _____

Cell: _____

MAY I LEAVE A DETAILED MESSAGE ON HOME PHONE? Yes _____ No _____

Your Age & Birth Date: _____

Your Home Address: _____

CITY: _____ ZIP: _____

Name and Ages of Minors:

Name _____ Age: _____

Name _____ Age: _____

Name _____ Age: _____

About the Principal Party (ies):

Reason for seeking therapy at this time:

Please summarize your former experiences with therapy:

When did you go, and for how long? Was it positive or negative experience? What did you appreciate about it? What didn't work for you? What are you hoping for from this therapy?

Prior Clinical Diagnosis', if any: _____

Would you like to issue me a release to speak with other treating physicians or therapists? Yes/No _____

Who? _____

Where: _____

EMERGENCY CONTACTS & RESOURCES

Please list names of the following for me, in the case of emergency:

Personal Physician: _____

Address: _____

Who to Contact: _____

Phone & Address: _____

Hospital Choice: _____

Medical Insurance
& Number: _____

MEDICATIONS OR NON-PRESCRIPTION DRUGS USED

THIS IS CONFIDENTIAL, HOWEVER, I REQUEST THAT YOU WAIVE THIS RIGHT IN THE SOLE EVENT OF A MEDICAL EMERGENCY, WHERE THIS INFORMATION MAY BE IMPORTANT IN TREATING YOU APPROPRIATELY.

Medication Used & Dosage: _____

How Often & What For: _____

Over the Counter Drugs: _____

How Often & What For: _____

Illegal Drugs or Substances: _____

How Often & What For: _____

Alcohol Use: _____

How Often & What For: _____

WAIVER FOR RELEASE OF THIS INFORMATION IN A MEDICAL EMERGENCY:

I, _____ (print) agree to waive my right to confidentiality in the circumstance of a medical emergency, and grant my permission for ROBIN STUART to discuss my drug information AND medical history with physicians caring for me in crisis.

Signature and Date: _____

Signature and Date: _____